

**Individual Placement and Support
Supported Employment (IPS-SE) for AMH/ASA
YP630**

Service Definition and Required Components

Individual Placement and Support-Supported Employment (IPS-SE) is a person-centered, behavioral health service with a focus on employment, that provides assistance in choosing, acquiring, and maintaining competitive paid employment in the community for individuals 18 years and older for whom employment has not been achieved or employment has been interrupted or intermittent. This service is co-located with an agency's behavioral health treatment services to ensure consistent behavioral health integration. In the event that a provider of IPS-SE does not also provide behavioral health services, the provider must partner with one or two behavioral health agencies with a signed MOU/MOA. The target populations for this model are individuals with serious to severe and persistent mental illness (SPMI), and co-occurring disorders. This service is provided by Employment Support Professionals (ESPs) and Employment Peer Mentors (EPMs) who are trained in national research standards that support the vocational needs of individuals and promote community connections and employment success.

The foundation for this service definition is the *Individual Placement and Support (IPS)* evidence-based Supported Employment model and SE Fidelity Scale developed by the Dartmouth Psychiatric Research Center and promoted by SAMHSA¹. Additional approaches (including Customized Employment, Self-Employment and Business-Led Internships) may be used under the umbrella of IPS-SE to assist individuals in securing competitive employment in the community that fits their particular needs, interests, and skills while enabling workplace success.

Practice Principles of Evidence-Based Supported Employment

1. *Focus on Competitive Employment*- Agencies providing IPS-SE services are committed to competitive employment as an immediately attainable goal for people with serious mental illness.
2. *Eligibility Based on Client Choice (Zero-Exclusion)* - People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. *Integration of Rehabilitation and Mental Health Services*- IPS-SE teams are closely integrated with mental health teams.
4. *Attention to Individual Preferences*- Services are based on each person's preferences and choices, rather than provider's judgements, subjectivity, or convenient employer connections.
5. *Personalized Benefits Counseling*- ESPs help people obtain individualized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements
6. *Rapid Job Search*- IPS-SE programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.

¹ Drake, R.E., Bond, G.R., & Becker, D.R. (2012). *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. New York: Oxford University Press. *Approach to Supported Employment*. New York: Oxford University Press. Resources Available at: <http://sites.dartmouth.edu/ips/>

7. *Systematic Job Development*- Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
8. *Time Unlimited and Individualized Support*- Job supports are individualized and continue for as long as the individual wants and needs the support.

Collaboration with Division of Vocational Rehabilitation Services (DVRS): All IPS-SE providers are expected to actively collaborate with DVR on areas including but not limited to: referrals, shared clients, benefits counseling, shared outcomes, and access to funding. This collaboration shall occur through scheduled, documented face-to-face meetings at least monthly, and client-related contacts (phone, e-mail, in person). The team works quickly in the process of identifying sources of services in a collaborative, prompt, and timely manner to maximize motivation, provide assertive engagement, and overcome any barriers to accessing services (principle of Rapid Job Search).

IPS-SE is implemented through a rapid job search approach, preceded by the development of a thorough career profile, and strategic job development. Interventions are individualized and may include any combination of the services indicated below.

Critical elements of IPS-SE include:

1. *Development of the Career Profile.* The career profile is developed with the individual within 30-days of entry into the service and completed over 2 to 3 sessions. Required components of the Career Profile include: previous work experience, goals, preferences, strengths, barriers, skills, disclosure preferences, career advancement/higher education.
2. *Ongoing Benefits Counseling.* ESPs provide information on available Social Security Work Incentives, including assistance with reporting earnings to Social Security and assistance with accessing eligibility to the North Carolina Division of Medical Assistance (NCDMA) Health Coverage for Workers with Disabilities or referral to professional Work Incentives Planning and Assistance (WIPA) or benefits counselors. This process begins at service initiation and is provided on-going to ensure each individual has accurate information regarding their benefits to inform their decisions regarding employment.
3. *Behavioral Health Integration.* IPS-SE teams work as part of a larger clinical team. IPS-SE teams shall participate in regularly-scheduled, weekly meetings with a clinical team, including ongoing collaboration and clinical consultation.
4. *Addressing Barriers to Employment.* Barriers to employment may be actual or perceived and support may include: addressing justice system involvement, a lack of work history, limited housing, child care, and transportation.
5. *Employment Peer Mentorship.* EPMs provide support around assertive engagement, recovery, and wellness management. EPMs shall have their NC Certified Peer Support Specialist (NC CPSS) and also have received specialized employment peer mentoring training.
6. *Rapid Job Search and Systematic Job Development.* ESPs help individuals seek jobs directly, and do not provide extensive pre-employment assessment and training, or intermediate work

experiences. The job process begins early, within 30 days of starting IPS-SE services. This rapid job search is supported by ESPs developing relationships with employers through multiple face to face meetings. ESPs take time to learn about the employers' needs and the work environment while gathering information about job opportunities that might be a good fit for individuals they are working with.

7. *Disclosure.* Assuring that the individual has all the necessary information to make an informed decision on disclosing a disability by jointly discussing the risks and benefits of disclosure on an ongoing basis as well as the degree of disclosure during the entire employment process.
8. *Job Accommodations and Assistive Technology.* ESPs identify and address job accommodations or technology needs. Job accommodations can include the following: adjusting work schedule to reduce exposure to triggering events (i.e., heavy traffic triggering symptoms of agoraphobia); providing a private area for individuals to take breaks if they experience an increase in symptoms; access to telephone to contact support person if needed while at work; adjusting job schedule to accommodate scheduled mental health appointments; and small, frequent breaks as opposed to one long one. Assistive Technology can include the following: bedside alarms, electronic medication reminders while at work or at home, and use of headset/iPod to block out internal or external distractions.
9. *Follow along supports.* These supports are individualized and follow the individual for as long as they need and want support. The goal and focus is to support the individual in becoming as independent as possible, and seek to involve family and other natural supports. These supports can be provided on the job site or off site, and focus on the continued acquisition and development of skills needed to maintain employment. Transition between active job seeking and follow along supports should be fluid and based on the individual's current level of need and where they are at in their employment or education role.

ESPs shall collaborate with the individual on what level of "on-the-job" and/or "off-site" training and support is needed or desired to master the duties and requirements of the job. The support frequency, modality and location should be tailored to the individual, their needs, and preferences. Efforts should be made to ensure that the follow along support service is sufficient to ensure ongoing employment retention and success, yet focused on titrating paid supports down and increasing natural and community supports. The team should also be flexible in the provision of short term retraining, based on changing job requirements or performance issues identified.

10. *Career and Educational Development.* ESPs provide ongoing career advancement and planning supports that expand opportunities for professional growth, assist with reenrollment in higher education or credentialing and certificate programs to expand job skills or enhance career development, and assist the individual in monitoring his/her satisfaction with employment, and determining level of interest and opportunities for advancement with current employer, and/or changing employers for career advancement.

11. *Ongoing Skill Building and Psychiatric Rehabilitation.* The IPS-SE Team provides education on skills including but not limited to:

- a. addressing absences,
- b. personal leave,
- c. dealing with crises,
- d. conflict resolution skills,
- e. budgeting skills,
- f. financial literacy, and
- g. asset development.

Assisting with developing a contingency plan for layoffs and terminations from employment that includes immediate job search plans and alternative activities and supports.

Follow along supports should be based on individual need, with the understanding most individuals will not require these services indefinitely. The team shall regularly assess for and document the level of follow along support needed to maintain employment, and what natural or community supports can augment or supplement follow along supports.

Table 1. Evidence-Based Model and Supplemental Approaches	
The following evidence-based model and supplemental best practice approaches encompass all the critical elements of IPS-SE described above. It is preferred that providers develop their program by being trained in and offering supplemental approaches in practice to provided person-centered and individualized/customized services and meet the variety of consumer needs.	
Required	<u>Individual Placement and Support (IPS)</u> Resources Available at: http://sites.dartmouth.edu/ips/
<i>Supplemental Employment Approaches used within the IPS framework</i>	<u>Customized Employment (CE)</u> Resources available at http://www.dol.gov/odep/categories/workforce/CustomizeEmployment/what/
<i>Supplemental Employment Approach used within the IPS framework</i>	<u>Self-Employment, Micro-Enterprise, Small Business:</u> Resources available at: http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm http://www.dol.gov/odep/#
<i>Supplemental Employment Approach used within the IPS framework</i>	<u>Business-Led Internship Training:</u> http://www.dol.gov/odep/#

Provider Requirements: IPS-SE is administered by a provider organization that meets all of the following requirements:

- a. Meet provider qualification policies, procedures, and standards established by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS);
- b. Fulfill the requirements of 10A NCAC 27G;
- c. Demonstrate that they meet these standards by being certified by the Local Management Entities-Managed Care Organizations (LME-MCO); and
- d. Establishment as a legally constituted entity capable of meeting all of the requirements of the Provider Certification, communication bulletins, and service implementation standards;
- e. Comply with all applicable federal and state requirements. This includes the North Carolina Department of Health and Human Services statutes, rules, policies, communication bulletins and other published instructions.

Further, agencies providing IPS-SE should integrate *Employment First* practices into their policies, procedures, and agency mission and values. *Employment First principles* include that competitive employment is the first and preferred outcome for adults with mental health and co-occurring substance use diagnosis, that employment opportunities are integrated in the community, pay at least minimum wage, and are not set aside jobs for individuals with disabilities. Agencies shall ensure that IPS-SE service information is evident through marketing flyers and posters in lobbies and in service areas. The agency as a whole tracks employment as an outcome for all individuals served within the Agency, not just within the IPS-SE team.

Staffing Requirements: Employment Support Professionals (ESPs) work as an IPS-SE team, or “Vocational Unit”, comprised of a Team Lead, ESPs and Employment Peer Mentors (EPMs) to help problem-solve, share job leads, and responsibilities. Sufficient staff must be in place to meet the varying needs of individuals served and promote community inclusion and employment success. The IPS-SE program can grow to a team with a full time Team Lead supervising a maximum of 10 staff (8 ESPs with 2 EPMs), therefore serving up to 200 individuals in one program on average. Thereafter, an additional Team Lead must be hired to create a new team.

Table 2. Employment Staff Level Requirements, Experience and Qualifications

IPS-SE Team Lead	1.0 FTE, dedicated IPS-SE Team Lead (also referred to as Lead ESP) who is a Qualified Mental Health Professional. The Team Lead shall have at least 6 months of vocational experience and/or be a Certified Employment Support Professional (CESP). The Team Lead may supervise other IPS-SE staff (maximum of 10) including additional ESPs and EPMs.
Employment Support Professional (ESP) (No more than 2 individuals may share this FTE position.)	1.0 FTE Employment Support Professional who may be either a Qualified Professional (MH), an Associate Professional (MH), or a Certified Employment Support Professional (CESP) and has the required experience serving the MH/SA population. Additional ESPs should be hired to be part of the team as caseloads grow per caseload ratio *Current staff that are paraprofessionals have up to 1 year to take and pass the CESP examination from date of service definition implementation

<p>Employment Peer Mentor (EPM) (No more than 2 individuals may share this FTE position.)</p>	<p>1.0 FTE Employment Peer Mentor is a NC Certified Peer Support Specialists, who has a minimum education of HS/GED and who preferably has been employed in any capacity in the past*. Staff fulfilling this role must successfully complete the NC approved Employment Peer Mentoring course within 6 months of their date of hire.</p> <p>*If a provider has limited availability of qualified EPMs in their catchment area, efforts to build capacity, train, and recruit peers must be continuous and documented. Exceptions may be made for providers who are sponsoring an individual to become certified and they will have 90 days from their hire date to obtain their North Carolina Certified Peer Support Specialist (NC CPSS) certification. <i>Providers must employ certified EPMs in this role no later than six months after the provider start date for this service.</i></p>
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Caseload Ratios: Staff caseloads vary, depending on where individuals are in their employment phase. For 1 FTE ESP a ratio should not exceed **1:25**. Caseload size for the IPS-SE Team Lead should vary based on the number of ESPs and EPMs they supervise. For guidance, if an IPS-SE Team Lead supervises a team of 10 staff, their caseload should not exceed 3 individuals.

Staff Responsibilities

Team Leader (TL): Knowledge and application of the evidence-based model and applicable approaches as described in Table 1 is required. In addition to providing IPS-SE critical elements mentioned above, the team lead is responsible for:

- Overseeing the operations of the program or team;
- Providing oversight of employment services and collaborating with behavioral health supports;
- Supervising staff to assure the delivery of evidence-based and ethical practices;
- Providing individual supervision at least monthly with each staff member, including the development of field mentoring and supervision logs;
- Managing human resources and continuing education for ESPs;
- Collaborating with VR as necessary to discuss referrals, and
- Providing direct services to individuals, as well as:
 - Assuming an active role in engaging referrals and assessing individuals at intake;
 - Modeling behaviors through service provision for the purpose of supervision;
 - Developing the PCP or Employment Plan and convening treatment planning meetings; and
 - Identifying services, resources, and accommodations as needed to assist individuals who are Deaf and Hard of Hearing, those with Limited English Proficiency (LEP), and those who are blind or visually impaired.

Employment Specialist Professional (ESP): Knowledge and application of the evidence-based model and applicable approaches as described in Table 1 is required. In addition to providing the ***Critical elements of IPS-SE*** (career profile, benefits counseling, behavioral health integration, addressing barriers to employment, rapid job search, systematic job development, support with disclosure, job accommodations/assistive technology, follow along supports, career and education development and ongoing skill building and psychiatric rehabilitation,) ESPs are responsible for:

- Developing the PCP or Employment Plan for individuals assigned to him or her;

- Collaborating with EPMs, behavioral health providers, families, natural supports, housing, transportation, and other community service providers who support the individual, and
- Coordinating services and assuring person-centeredness in the service planning process
- Developing relationships with employers by learning about their businesses, hiring practice, hiring preferences, and business priorities over multi visits.

Employment Peer Mentor (EPM): EPMs offer hope and motivation by drawing from their lived experience and their own employment experiences to encourage other individuals to seek and maintain employment, wellness, and community integration. Employment Peer Mentors do not hold their own caseloads, but they can support any and all individuals enrolled in the program and provide the critical elements of IPS-SE as needed. The responsibilities of the Employment Peer Mentor may include, but are not limited to, the following:

- Promoting self-determination, recovery, self-advocacy, and self-direction; assisting individuals in identifying strengths; wellness goals; setting objectives, and identifying barriers;
- Attending treatment team meetings with the individual to promote the individual's use of self-directed advocacy tools; assisting the individual in goal planning and participating with the individual and the ESP in the development of PCP or Employment Plan; assisting the individual in learning how to ask for appropriate services in community;
- Engaging individuals in other programs and services to encourage employment;
- Modeling self-advocacy skills for addressing disclosure issues or requesting job accommodations;
- Teaching wellness management strategies and helping individuals develop their own self-management plan and tools to use in the workplace and in their personal lives; using manualized strategies such as Illness Management and Recovery (IMR)/Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), and others;
- Connecting to support groups in the community to learn from other peers, to promote hope, to problem-solve through work situations, and to decrease social isolation;
- Providing education to other team ESPs to increase their understanding of self-advocacy and peer support roles, and to promote a culture in which an individuals' points of view and preferences are recognized, understood, respected, and integrated into service delivery;
- Providing resources and teaching transportation skills for work;
- Sharing his or her own personal story to model how to choose, obtain, and keep employment;
- Supporting individuals in making informed decisions about supported employment and building community connections;
- Supporting the individuals in the vocational choices they make and supporting them in overcoming job-related concerns;
- Building social skills in the community that will enhance job acquisition and tenure;
- Assisting in overcoming barriers to employment and addressing workplace challenges;
- Assisting in obtaining the proper documentation necessary for employment;
- Researching with the individual businesses and/or industries in which the person is interested;
- Assisting the individual in completing applications, resumes, cover letters, etc.;
- Exploring career and educational aspirations with the individual;
- Assisting in teaching skills related to job-seeking, such as using the computer;
- Attending recovery support groups and NA/AA meetings with the job seeker if appropriate; and
- Assisting with financial wellness using tools for money management and asset development.

IPS-SE Team Start-up/Transition: New programs must start with a full time, dedicated Team Lead and at least a 0.5 FTE ESP and a 0.5 FTE EPM as they build up the program, with the expectation that the full team (see Table 2) must be in place within 6 months of program start date. The program may hire additional ESPs while reducing the caseload for the Team Lead as the team staffing and caseload sizes grow, and must keep the ESP to individual served ratio at 1 per 25 individuals receiving services.

Training and Certification Requirements

All training shall be documented and kept on file with the provider agency. All staff in Table 2 must be trained in a DHHS approved “*Individual Placement and Support Supported Employment Evidence Based Practice*” curriculum or training offered through Dartmouth Psychiatric Research Center within 90 days of each staff’s date of hire. Additional training is required for Employment Peer Mentors. EPMs must participate in DHHS approved “*Employment Peer Mentoring*” curriculum within 6 months of their date of hire. These trainings have been developed in collaboration with DMHDDSAS and external stakeholders. DMHDDSAS will maintain the authority to approve DHHS trainers, and to monitor and update training curricula as needed.

This DHHS approved curricula meets nationally accepted professional skills and competencies to ensure high quality services and high outcomes for individuals. Additionally, these trainings enable ESPs to earn the designation of *Certified Employment Support Professional (CESP)* by passing the national examination established by the Employment Support Professional Certification Council (ESPCC), founded by APSE (Association of People Supporting Employment First). It is highly recommended that all staff in Table 2 work to become *CESPs* to demonstrate that national competencies for evidence based practices have been met. ESPs are also encouraged to seek out other national credentials, such as the Certified Rehabilitation Counselor (CRC) credential.

ESPs, EPMs and team leads are required to complete 6 hours of Person Centered Thinking and 6 hours of Motivational Interviewing Training within 90 days of their date of hire.

For each additional year of employment, all staff in Table 2 must receive 5 or more hours of additional training and include specialty approaches for the implementation of ethical, person-centered, best practice IPS-SE per population served. Training may be in the form of locally-provided training, webinars, or regional/national conferences and must be documented. Trainings topics can include:

- Advocacy, Self-Determination, Self-Direction
- Assistive Technology and Job Accommodations
- Benefits Counseling, Work Incentives, SOAR (SSI-SSDI/Outreach/Access/Recovery) Stepping Stones to Recovery Training
- Culturally and Linguistically Appropriate Services, Limited English Proficiency, blind or visually impaired, and deaf and hard of hearing accommodations
- Dual Customer Approach: Business and Employer Relations
- Financial Literacy, Budgeting/Money Management, Asset Development and Financial Wellness
- Housing First, Permanent Supportive Housing, Tenancy Support Training
- IDDT (Integrated Dual Disorders Treatment) Training and Substance Use prevention/intervention
- Motivational Interviewing
- Psychiatric Rehabilitation

- Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW) transition planning and support model
- Supervising NC Certified Peer Support Specialists Training (UNC BRHP)
- Supported Education
- Trauma-Informed care
- Wellness Management and Recovery Interventions (such as WRAP, IMR/WMR)

Fidelity Evaluation

Providers operating IPS-SE teams will be evaluated according to a standardized fidelity measure to evaluate the extent to which defining elements of the program model are being implemented. The Individual Placement Support-Supported Employment Fidelity Tool, or its successor as approved by DHHS, must be used to evaluate teams. The aim of these evaluations is not only to ensure that the model is being implemented as intended, but also to provide a mechanism for quality improvement feedback and guided consultation.

DHHS shall track adherence to the IPS-SE model through their participation in the administration of the most current IPS-SE fidelity assessment. IPS-SE teams will be expected to complete the Dartmouth Outcome Tracking form quarterly and submit completed forms to DHHS for outcome monitoring.

A tiered certification process for IPS-SE teams will be used to guide technical assistance and consultation. These tiers define ranges for exceptional practice and provide opportunities for growth for marginal teams through strategic plans for improvement of practice.

Table 1. Tiered Certification Process for IPS-SE Based on the IPS-SE Fidelity Tool Total Rating.	
No Certification	Rating below 74
Fair Fidelity Level	Rating 74-99
Good Fidelity Level	Rating 100-114
Exemplary Fidelity Level	Rating 115-125

Programs will participate in their first fidelity review after a minimum 6 months of continuous operation.

The first review will serve as a fidelity starting point and guide the development of a fidelity action plan that clearly details quality improvement steps to make prior to the next fidelity review. IPS-SE teams receiving Fair Fidelity shall complete a fidelity action plan. IPS-SE teams receiving Good Fidelity or Exemplary Fidelity may choose to complete a fidelity action plan.

Subsequent fidelity reviews will be scheduled based on the most recent fidelity review score.

Table 2. Timeframe for subsequent IPS-SE Fidelity Evaluations based on score	
<i>Certification</i>	<i>Subsequent Fidelity Evaluation Timeframe</i>
Fair Fidelity Level	6 months after final report is received
Good Fidelity Level	12 months after final report is received
Exemplary Fidelity Level	12 months after final report is received

The provider will be required to develop a fidelity action plan within 30 days of receiving their first fidelity report and share this with the LME-MCO, DMHDDSAS AMH Team, and DMA. The team will be offered technical assistance, including guidance, on development of the fidelity action plan.

Teams that do not have either the correct staffing in place or are not serving enough individuals for a fidelity evaluation to be completed after 6 months of continuous operation will meet with a member of the DMHDDSAS Adult Mental Health Team, DMA staff, and a staff from their LME-MCO to review the barriers to completing a fidelity evaluation. An IPS-SE implementation plan that clearly identifies all current barriers as well as specific steps to address the barriers to program implementation shall be developed and shared with DMHDDSAS, DMA and LME-MCO Provider Network staff. In these cases, a fidelity review will be scheduled three months after this meeting and the development of the IPS-SE implementation plan.

Some teams not meeting fair fidelity on their first fidelity evaluation may be eligible for a second IPS-SE fidelity evaluation. The follow-up IPS-SE fidelity evaluation must be scheduled within 180 days from the date of the initial IPS-SE fidelity score. Each team is allowed a maximum of one follow-up evaluation per one IPS-SE fidelity review that does not meet fair fidelity.

If an IPS-SE team is given the opportunity for a follow-up fidelity evaluation, no more than two LME-MCO staff will be involved in the subsequent IPS-SE fidelity evaluation in addition to the IPS-SE fidelity review team.

In order to qualify for a second IPS-SE fidelity re-evaluation the IPS-SE team must meet all of the following:

- The score on the first fidelity evaluation must be between 60-73

AND

- All staffing requirements identified in the service definition (based on census) must be fully met. Programs that are 0-6 months post start date will be expected to have the start-up staffing ratios in place. Programs that have been in operation for more than 6 months will be expected to have full staffing (based on census) in place.

AND

- Evidence of behavioral health integration. If an IPS-SE team is a stand-alone provider, there must be at least one MOU/MOA in place with a behavioral health provider that clearly establishes a formal partnership that integrates IPS-SE services and behavioral health services.

AND

- At least 80% of individuals receiving services must have a Career Profile completed.

For all subsequent fidelity evaluations, if a team does not meet fair fidelity (74 or above), they will not be certified to provide IPS-SE services.

Service Type and Setting

IPS-SE is a periodic, outpatient service. Services are community based, individualized, and are provided as the person needs and requests the interventions (i.e., daily, weekly, monthly, etc.). IPS-SE staff should spend 75% or more of total scheduled work hours in the community. Frequency and intensity of services must be documented in the individual's PCP and/or Employment Plan. Interventions may be provided on-site (at the individual's place of employment) or off-site. It is up to the individual to decide if he or she would like on-site job training and supports; ESPs must pay special attention to disclosure issues and business relations. Not every individual will need daily or weekly support, and not every individual will want on-site supports.

Program Requirements:

The IPS-SE model requires a team approach. ESPs (except for the EPMs) have individual employment caseloads, or primary staff they typically work with the most. In a team approach, this means that other team members may also assist the individual and can step in as needed. Caseloads are discussed in regular team meetings so all staff are up to date on each individual's progress & needs. The IPS-SE Team is required to have weekly face to face team meetings to have individual-based group supervision and discuss individual situations, job leads, and other issues. Face to face meetings and supervision is preferable but accommodations for staff may be made by using video teleconference/webinar if an ESP/EMP is located more than 30 miles from the main office to ensure they can consistently attend team meetings and supervision.

The IPS-SE model requires ongoing Behavioral Health Integration. The IPS-SE team works side by side with a behavioral health team(s) - typically in the same building or close enough so they can frequently meet and discuss individuals they mutually serve. The IPS-SE staff meets weekly with their respective behavioral health treatment teams that may include psychiatrists, therapists/counselors, nurses, or other staff that help the individual in their psychiatric rehabilitation.

Additionally,

- Each ESP (with the exception of the Employment Peer Mentor) shall have no more than 25 individuals in their caseload
- Employment Peer Mentors are not responsible for a specific caseload rather they assist in supporting individuals in their efforts to become employed and retain employment.
- ESPs primarily provide only employment services; however, providers may need to spend some of their time providing case management functions, especially when the populations served are individuals with substantial disabilities. However, provision of case management functions should not exceed more than 5-10% of the ESP's FTE.

The activities and services of the IPS-SE team shall be driven by the person centered planning process in an integrated treatment team model, and developed by the consumer into their PCP or Employment Plan.

Eligibility Criteria

The individual is working age (18+) and:

- A. Has a primary diagnosis of a serious mental illness (SMI) that includes severe and persistent mental illness (SPMI) and co-occurring disorders.
 - 1. This may include a primary substance use disorder diagnosis.

AND

- B. Experiences difficulties in at least two or more of the following areas:
 - 1. In or at risk of placement in a congregate setting or difficulty maintaining safe living situations, including homelessness;
 - 2. Co-occurring mental health and substance abuse disorders;
 - 3. High risk of crisis diversion, intervention, including hospital transitions;
 - 4. Difficulty effectively using traditional office-based outpatient services;
 - 5. Difficulty with daily living, communication, interpersonal skills, self-care, self-direction;
 - 6. High risk or recent history (within the past 12 months) of criminal justice involvement (such as arrest, incarceration, probation);

AND

- C. Expresses the desire to work, and has an established pattern of unemployment, underemployment, or sporadic employment; and requires assistance in obtaining or maintaining employment in addition to what is typically available from the employer because of functional limitations as described above and behaviors associated with the individual's diagnosis.

Entrance Process

The individual must meet the IPS-SE eligibility criteria as described above for entrance into the IPS-SE program.

Per the evidence-based model, there is a zero-exclusion criterion, meaning that individuals are not disqualified from engaging in employment simply as a result of job readiness factors such as active substance use, history of violent behavior, criminal background issues, cognitive impairments, treatment or medication non-compliance, or personal presentation. Individuals are not required to participate in pre-vocational training or other job readiness models. Teams assist individuals address barriers to employment through behavioral health integration.

Continued Service Criteria

The individual shall continue receiving IPS-SE services if they meet at least one of the following requirements:

- 1. The individual has made little progress in meeting employment goals, and there is documentation that supports that continuation of IPS-SE services will be effective in meeting employment goals identified in service plan

2. The individual is making progress in meeting employment goals, but the interventions identified in the PCP or Employment Plan need to be modified to achieve competitive employment,
3. The individual has obtained a job, it has been less than a year since starting employment, and requires follow along supports as identified in the PCP or Employment Plan.
4. The individual needs follow along support in learning how to manage benefits such as Social Security, Ticket to Work, etc.
5. The individual needs support or training in order to change jobs, increase hours of employment, or advance in his or her career.

Discharge Criteria

The individual's level of functioning has improved with respect to the goals outlined in the PCP and follow along services have been provided to ensure long-term job maintenance and ongoing behavioral health support as needed by the individual. The decision to discharge should be based on one or more of the following and documented in the service record:

1. The individual has requested that IPS-SE be discontinued.
2. The individual has moved outside of the LME/MCO catchment area.
3. The individual has long-term medical issues and is unable to work.
4. The individual no longer meets criteria for this service.

Expected Clinical Outcomes

Expected clinical outcomes include, but are not limited to the following:

- The individual finds and maintains competitive employment
- The individual enrolls in/completes credits towards an educational program that can then be leveraged to find employment
- The individual increases the average number of hours worked a week
- The individual increases their average pay

Documentation Requirements

A service record shall be maintained for each individual served. A full service note shall be written per date of service.

A Person Centered Plan (PCP) or Employment Plan are required. If the person receives an enhanced service, employment and other services received must be identified on the integrated Person Centered Plan with an attached in-depth Employment Plan.

A documented discharge plan shall be discussed with the individual and included in the service record. In addition, a completed LME-MCO Consumer Admission and Discharge Form shall be submitted to the LME-MCO. Refer to the DMH/DD/SAS Records Management and Documentation Manual for a complete listing of documentation requirements.

Utilization Management

State-funded IPS-SE services require no prior authorization for the first 64 units (16 hours) of IPS-SE services for the initial engagement (motivational interviewing and assertive outreach) of the individual.

Authorization for continued services must occur after the 64 units and services may cover up to 12 months for the initial authorization period. To continue IPS-SE, reauthorizations should be based on the level of intensity required to acquire stable employment or interventions required for continued employment. Units are billed in 15-minute increments.

Service Exclusions and Limitations

An individual may receive IPS-SE services from only one IPS-SE provider organization during any active authorization period for this service.

Service delivery to individuals other than the recipient may be covered only when the activity is directed exclusively toward the benefit of that recipient (for example, small business models).

IPS-SE services shall not be provided during the same authorization period as Assertive Community Treatment (ACT).

IPS-SE services are individual and community based. All IPS-SE services are provided on an individual basis by IPS-SE team members, not in groups, facilities, and/or congregate settings.

Additionally, IPS-SE services **do not** include:

- pre-vocational classes;
- supports and/or services to help individuals with volunteering;
- enclaves;
- group employment;
- work crews, or
- group employment searches and/or classes.

Policy Implementation and History

Original Effective Date: April 18, 2013

History:

Date	Section or subsection Revised	Change
11/5/14	All sections.	Removed IDD specific language.
1/1/16	Communication Bulletin #132, Critical elements of IPS-SE	The service definition and billing code for Long Term Vocational Supports (MH/SA LTVS) for individuals (YM645) will end effective (12-31-2015). Any individuals receiving this service from a non-IPS-SE providers should be assessed to determine if their employment/educational goals could be met through an IPS-SE team. Follow along supports are part of the IPS-SE EBP, and not a separate service. Provision of follow along supports should be seamless and based on what the individual needs to ensure

Date	Section or subsection Revised	Change
		they maintain stable employment. Therefore, the provision of follow along supports is now part of the IPS-SE for AMH/ASA service definition.
1/1/16	Practice Principles of Evidence-Based Supported Employment, Critical elements of IPS-SE	The IPS-SE for AMH/ASA clearly defines the eight practice principles and corresponding critical elements of IPS-SE to ensure that providers and LME-MCOs are aware of what makes this model unique and effective with individuals with MH/SU.
1/1/16	Provider Requirements	A brief overview of <i>Employment First</i> practices and principles are provided, as agencies providing IPS-SE should ensure that their agency policies and practices align with the mission and vision of <i>Employment First</i> .
1/1/16	Staffing Requirements	A fully staffed IPS-SE team (1 IPS-SE Team Lead, 8 Employment Support Professionals (ESPs), 1 Employment Peer Mentor (EPM) can now serve a maximum of 200 individuals, as one ESP can work with up to 25 individuals.
1/1/16	Staff Responsibilities	Staff responsibilities for the IPS-SE Team Lead, ESPs and EPMs has been clearly identified
1/1/16	Training and Certification Requirements	Training requirements have been updated, specifically: all staff must be trained on the IPS-SE EBP must be completed within 90 days of hire, EPM must be completed within 6 months of hire, all staff must complete 6 hours of Person Centered Thinking and Motivational Interviewing within 90 days of hire.
1/1/16	Fidelity Evaluation	The process and procedures specific to fidelity evaluations has additional detail, including: a certification chart, procedures for when a fidelity evaluations will be completed, what will happen if a team doesn't meet fidelity on their first review, and the schedule for subsequent fidelity reviews.
1/1/16	Documentation Requirements	Documentation requirements have been updated to reflect that staff should complete a full services note shall be written per date of service.
1/27/16	Staffing Requirements	Made a correction in Table 2. Employment Staff Level Requirements, Experience and Qualifications under Employment Peer Mentor (EPM) to revise training requirement from "within 8 months of employment to within 6 months of their date of hire".

Resources and References

Americans with Disabilities Act. *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.* http://www.ada.gov/olmstead/q&a_olmstead.htm

APSE (Association of Persons Supporting Employment First): <http://www.apse.org/employmentfirst/>

Butterworth, J., Gandolfo, C., Revell, G., Inge, K.J. (2007). *Community Rehabilitation Programs And Organizational Change: A Mentor Guide to Increase Customized Employment Outcomes*. T-TAP Training and Technical Assistance for Providers. http://www.t-tap.org/documents/mentor_guide.pdf

Department of Labor Office of Disability Employment Policy- *Integrated Employment Toolkit*: <http://www.dol.gov/odep/ietoolkit/> *Employment First*: <http://www.dol.gov/odep/topics/EmploymentFirst.htm>

Employment Support Professional Certification Council (ESPPC). *CESP Candidate Handbook* (2012). www.apse.org

Financial Education for Persons in Recovery. <http://www.cmhsrp.uic.edu/nrtc/financial-ed.asp>

Gross, L., Moore, J. & Keul, P.K., (2011) *National APSE Certification Institute: Role Delineation Study*. www.apse.org

MassWorks. *Integrated Community Employment: Sample Service Delivery Process*. <http://www.massworks.org>

NC Division of MH/DD/SAS: Employment First Initiative. <http://www.ncdhhs.gov/mhddsas/services/employment>

NC Business Leadership Network. <http://www.ncbln.org>

NC Certified Peer Support Specialist Program at UNC BHRP <http://pss-sowo.unc.edu/pss>

NC Division of Medical Assistance Health Coverage for Workers with Disabilities. <http://www.ncdhhs.gov/dma/medicaid/hcwg.htm>

North Carolina Assets Alliance. <http://ncassets.org/>

Social Security Benefits Counseling- Work Incentive Resources. <http://www.ssa.gov/work/home.html>

IPS- Supported Employment

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Drake, R.E., Bond, G.R., & Becker, D.R. (2012) *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. New York: Oxford University Press. <http://sites.dartmouth.edu/ips/>

Substance Abuse and Mental Health Services Administration (2009). *Supported Employment: How to Use the Evidence-Based Practices KITs*. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available at: <http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

Customized Employment

Griffin, C. Hammis, D. *Customized Employment* http://www.griffinhammis.com/customized_employ.asp

Department of Labor Office of Disability Employment Policy. *Customized Employment and Flexible Work Arrangements*. Available at: http://www.dol.gov/odep/topics/CustomizedEmployment.htm#UJ0wT2cm_E0

Self-Employment

Department of Labor Office of Disability Employment Policy. *Self-Employment & Entrepreneurship*. http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm#UJ0vdGcm_E0

Griffin, C. and Hammis, D. (2003) *Making Self-Employment Work for People with Disabilities*. Resources.

<http://www.griffinhammis.com/selfemploy.asp>

Business-Led Internships

Project SEARCH High School Transition Program (1995) Cincinnati Children's Hospital Medical Center, Ohio. Resources

Available at: www.projectsearch.us/OurPROGRAM/ProgramModel.aspx